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FACSIMILE COVER SHEET

DATE: JANUARY 18, 2005

NUMBER OF PAGES (INCLUDING
THIS TRANSMITTAL COVER SHEET): 12

YOUR REFERENCE: 09/998,603

OUR REFERENCE: 306045

to: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

FACSIMILE NUMBER: (703) 872-9306

FROM: ROGER D. WYLIE

DIRECT LINE: (206) 521-5984

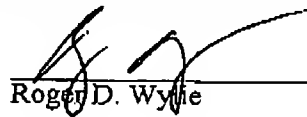
In re Application of:
HARDEE, et al.
Application No. 09/998,603
Filed: November 16, 2001
For: TENT CORNER CONSTRUCTION

Group Art Unit: 3637
Examiner: Wilkens, Janet Marie

CERTIFICATE OF TRANSMISSION

I hereby certify that this Transmittal and Amendment D, along with this Facsimile Cover Sheet, are being re-transmitted by facsimile to the United States Patent and Trademark Office in accordance with 37 C.F.R. 1.6(d) on the date shown below:

Date: January 18, 2005


Roger D. Wylie

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FORM PTO-1083

PATENT

Attorney Docket No. 306045
 Client Reference No. Orgnt-2-3841
 Date: January 18, 2005

In re Application of: Hardee et al.
 Application No. 09/998,603
 Filed: November 16, 2001
 For: Tent Corner Construction

Mail Stop
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a response to an office action in the subject application.

☐ Applicants claim small entity status of this application under 37 CFR 1.27.

☒ **Petition for Extension of Time**

☐ Applicants petition for a one-month extension of time under 37 CFR 1.136, the fee for which is \$110.00 (enclosed).

☒ Applicants believe that no petition for an extension of time is necessary. However, to the extent that such petition is deemed necessary, Applicants hereby petition for a sufficient extension of time to render the present submission timely. Please charge Deposit Account No. 12-1216 for the appropriate petition fee.

☒ No additional claim fee is required.

☐ Other:

The claim fee has been calculated as shown below:

					SMALL ENTITY		OTHER THAN A SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	EXTRA CLAIMS PRESENT	RATE	ADDIT. CLAIM FEE	RATE	ADDIT. CLAIM FEE
TOTAL	27	MINUS	33	=0	x 9=	\$	x 18=	\$0.00
INDEPENDENT	2	MINUS	4	=0	x 42=	\$	x 86=	\$0.00
<input type="checkbox"/>	FIRST PRESENTATION OF MULTIPLE CLAIM				+ 140=	\$	+ 280=	\$0.00
					TOTAL	\$	TOTAL	\$0.00

☐ Please charge my Deposit Account No. 12-1216 in the amount of \$. A duplicate copy of this sheet is attached.

☐ A check in the amount of \$ is attached.

☒ The Commissioner is hereby authorized to charge any deficiencies in the following fees associated with this communication or credit any overpayment to Deposit Account No. 12-1216. A duplicate copy of this sheet is attached.

☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.

☒ Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,
 LEYDIG, VOIT & MAYER, LTD.

Leydig, Voit & Mayer, Ltd.
 1420 Fifth Avenue, Suite 2200
 Seattle, Washington 98101
 (206) 521-5985 (telephone)
 (206) 224-3557 (facsimile)

By  Reg. No. 36,974

Amendment or ROA Transmittal (Revised 5/1/03)

FORM PTO-1083

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Group Art Unit: 3637

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Examiner: Wilkens, Janet Marie

For: Tent Corner Construction

AMENDMENT D

Commissioner for Patents
Washington, D.C. 20231

Sir:

In The Claims

Please amend the following claims as indicated.